PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE OR		OR	OTHER THAN SMALL ENTITY		
FO	R	NUMBE	ER FILED NUMBER EXTRA			RATE	FEE		RATE	FEE
ВА	SIC FEE						345.00	OR		690.00
то	TAL CLAIMS	40	minus 2	20= 20)	X\$ 9=	180	OR	X\$18=	
INDEPENDENT CLAIMS			minus	3= 3		X39=	117	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2						642	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL E	NTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NQ.	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT CLAIM		+130=		OR	+260=	
		TOTAL			TOTAL ADDIT, FEE					
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE			ADDII. I EE	
ENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
P Q	Total	*	Minus	**	=	X\$ 9=	·	OR	X\$18=	
AMENDMENT	Independent	•	Minus	***	=	X39=		OR	X78=	
Ë	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
						TOTAL			TOTAL	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE		J 🗸 ' '	ADDIT. FEE	<u> </u>
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	A	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					.400			+260=	
	If the "Highest No	imber Previously P	aid For" IN TH	umn 2, write "0" in co IIS SPACE is less that IIS SPACE is less th	an 20, enter "20."	+130= TOTAL ADDIT. FEE		OR OR	TOTAL ADDIT. FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	
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Total Fee Calculation								
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total	
	Sm./Lg.				Sm. Entity	Lg. Entity	_	
Basic Filing Fee	201/101	1 (1)			345	690 =	345	
Total Claims >20	203/103	-20 =	20	x	9	18 =	180	
Independent Claims >3	202/102	-3 =	3	x	39	<u>78 </u>	117	
Mult. Dep Claim Present	204/104				130	260 =		
Surcharge	205/105				65	130 =	65	
English Translation	139							
TOTAL FEE CALCULA	ATION						707	
Fees due upon filing the application:								
Total Filing Fees Due	= \$	107					S	
Less Filing Fees Subn	nitted -\$			_				
BALANCE DUE Marcia Office of Initial Patchy	= \$ \(\text{Lordor}\) \(\text{Examination}\)			_			EST AVAILABLE CO	

FORM OIPE-RAM-01 (Rev. 12/97)